

July 29, 2003

## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket Number: 018842.1270  
First Named Inventor: Tomonori Imai et al.  
Title: Air Conditioning Systems And Vehicles Comprising Such Air Conditioning Systems

TO: **BOX PATENT APPLICATION**  
Commissioner for Patents  
Washington, D.C. 20231

Sir:

Attached are the following for filing with the U.S. Patent and Trademark Office:

1. ☒ Fee Transmittal Form
2. ☒ Specification - Total Pages: 17 (Including Abstract)

| CLAIMS AS FILED                                 |              |                  |       |              |              |           |
|---|--------------|------------------|-------|--------------|--------------|-----------|
|   | Claims Filed | Basic Fee Claims | Extra | Rate         |              | Amount    |
|   |              |                  |       | Large Entity | Small Entity |           |
| Total Claims                                    | 27           | 20               | 7     | \$ 18.00     | \$ 9.00      | \$126.00  |
| Independent Claims                              | 3            | 3                | 0     | \$ 84.00     | \$ 42.00     | \$0.00    |
| First Presentation of Multiple Dependent Claims |              |                  |       | \$ 280.00    | \$ 140.00    | \$0.00    |
| <b>BASIC FEE</b>                                |              |                  |       | \$ 750.00    | \$ 375.00    | \$ 750.00 |
| <b>TOTAL FILING FEE</b>                         |              |                  |       |              |              | \$ 876.00 |

3. ☒ Drawings - Total Sheets: 1 (Fig(s). 1)
4. Oath or Declaration - Total Pages: 4
  - a. ☒ Newly executed (original or copy)  
☐ New (unexecuted)
  - b. ☐ Copy from a prior application  
(for continuation/divisional with Box 17 completed)
    - i. ☐ DELETION OF INVENTOR(s):  
Signed statement attached deleting inventor(s) named in prior application.
5. ☐ Incorporation By Reference (useable if Box 4b is marked)



The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies
8. ☐ Assignment and Assignment Recordation Form
9. ☐ 37 C.F.R. 3.73(b) Statement ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement with PTO-1449 and References
- ☐ Copies of Information Disclosure Statement Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard
14. ☐ Small Entity Statement(s) ☐ Independent Inventor
- ☐ Small Business Concern
- ☐ Non-Profit Organization
- ☐ Statement Filed in Prior Application; Status Still Proper and Desired
15. ☒ Foreign Priority is Claimed as Follows:  
**Japanese Patent Application No. 2002-224645 filed on August 1, 2002**
- ☒ If Foreign Priority is Claimed, Certified Copy of the Above Priority Document(s) is Submitted Herewith
16. ☒ Other: **Application Data Sheet**
17. ☐ Continuation ☐ Divisional ☐ Continuation-in-Part of  
Prior Application No.: \_\_\_\_\_ filed \_\_\_\_\_
- ☐ Complete Application Based on Provisional Application No.: \_\_\_\_\_  
filed \_\_\_\_\_

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18. ☒ A new power of attorney or authorization of agent (PTO/SB/81) is as follows:
- ☒ The power of attorney is to: **24735**
- ☐ Please remove as power of attorney:
- ☐ Please add as power of attorney:
19. Please address all correspondence to: **24735**
20. ☒ A check in the amount of \$ **876.00** is enclosed. In the event any variance exists between the amount enclosed and the Patent Office charges, please charge or credit any such variance to Deposit Account No. 02-0375.
- ☐ The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to **Deposit Account No. 02-0375**.

Respectfully submitted,

By: 

James B. Alpin

Registration No 33,470

JBA/dh

Enclosures

15915 U.S. PRO  
07/00/03

| FEE TRANSMITTAL<br><br>[MAIL STOP PATENT APPLICATION]   |                | Complete If Known       |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
|---|----------------|-------------------------|-------|--|--------------|--------------------|----------|-------------------|----------|--|----|---|----|---|-----|---|-------------------------|--|------|---|--------|---|--------------|---|----|--|----|--|-----------|---|--------------------|---|----|--|------------|---|--------|--|----|---|----|---|-----------|--|--------------------------------|--|--|--|--|--|----------|
|   |                | Application No.         |       | To be assigned   |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
|   |                | Filing Date             |       | July 29, 2003  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
|   |                | First Named Inventor    |       | Tomonori Imai et al.   |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
|   |                | Examiner Name           |       | To be assigned   |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| Group Art Unit  |                | To be assigned          |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| Total Amount Of Payment (\$)  |                | 876.00                  |       | Attorney Docket No.  |              | 018842.1270        |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| METHOD OF PAYMENT (check one)   |                |                         |       | FEE CALCULATION (continued)  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to <b>Deposit Account No. 02-0375</b> in the name of Baker Botts L.L.P.</p> <p><input type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 to <b>Deposit Account No. 02-0375</b>.</p>   |                |                         |       | <p>3. <b>ADDITIONAL FEES</b></p> <table border="1"><thead><tr><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td><input type="checkbox"/> Surcharge - late filing fee or oath</td><td>\$</td></tr><tr><td><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet</td><td>\$</td></tr><tr><td><input type="checkbox"/> Extension for reply with _____ month</td><td>\$</td></tr><tr><td><input type="checkbox"/> Notice of Appeal</td><td>\$</td></tr><tr><td><input type="checkbox"/> Filing Brief in Support of Appeal</td><td>\$</td></tr><tr><td><input type="checkbox"/> Request for Oral Hearing</td><td>\$</td></tr><tr><td><input type="checkbox"/> Utility Issue Fee (or reissue)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Design Issue Fee</td><td>\$</td></tr><tr><td><input type="checkbox"/> Plant Issue Fee</td><td>\$</td></tr><tr><td><input type="checkbox"/> Petitions to Commissioner</td><td>\$</td></tr><tr><td><input type="checkbox"/> Petition to Revive (unavoidable)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Petition to Revive (unintentional)</td><td>\$</td></tr><tr><td><input type="checkbox"/> Petitions Related to Provisional Applications</td><td>\$</td></tr><tr><td><input type="checkbox"/> Submission of Information Disclosure Statement</td><td>\$</td></tr><tr><td><input type="checkbox"/> Filing Submission After Final Rejection</td><td>\$</td></tr><tr><td><input type="checkbox"/> Recordation of Assignment Document</td><td>\$</td></tr><tr><td><input type="checkbox"/> Filing Request for Reexamination</td><td>\$</td></tr><tr><td><input type="checkbox"/> Other (Publication Fee and Payment for Advanced Copies)</td><td>\$</td></tr></tbody></table> |              |                    |          | Fee Description   | Fee Paid | <input type="checkbox"/> Surcharge - late filing fee or oath | \$ | <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet | \$ | <input type="checkbox"/> Extension for reply with _____ month | \$  | <input type="checkbox"/> Notice of Appeal | \$                      | <input type="checkbox"/> Filing Brief in Support of Appeal | \$   | <input type="checkbox"/> Request for Oral Hearing | \$     | <input type="checkbox"/> Utility Issue Fee (or reissue) | \$           | <input type="checkbox"/> Design Issue Fee | \$ | <input type="checkbox"/> Plant Issue Fee | \$ | <input type="checkbox"/> Petitions to Commissioner | \$        | <input type="checkbox"/> Petition to Revive (unavoidable) | \$                 | <input type="checkbox"/> Petition to Revive (unintentional) | \$ | <input type="checkbox"/> Petitions Related to Provisional Applications | \$         | <input type="checkbox"/> Submission of Information Disclosure Statement | \$     | <input type="checkbox"/> Filing Submission After Final Rejection | \$ | <input type="checkbox"/> Recordation of Assignment Document | \$ | <input type="checkbox"/> Filing Request for Reexamination | \$        | <input type="checkbox"/> Other (Publication Fee and Payment for Advanced Copies) | \$                             |  |  |  |  |  |          |
| Fee Description   | Fee Paid       |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Surcharge - late filing fee or oath  | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet   | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Extension for reply with _____ month   | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Notice of Appeal   | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Filing Brief in Support of Appeal  | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Request for Oral Hearing   | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Utility Issue Fee (or reissue)   | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Design Issue Fee   | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Plant Issue Fee  | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Petitions to Commissioner  | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Petition to Revive (unavoidable)   | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Petition to Revive (unintentional)   | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Petitions Related to Provisional Applications  | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Submission of Information Disclosure Statement   | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Filing Submission After Final Rejection  | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Recordation of Assignment Document   | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Filing Request for Reexamination   | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <input type="checkbox"/> Other (Publication Fee and Payment for Advanced Copies)  | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <p>2. <input checked="" type="checkbox"/> Check Enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to <b>Deposit Account No. 02-0375</b> in the name of Baker Botts L.L.P., The Warner, Suite 1300, 1299 Pennsylvania Avenue, N.W., Washington, D.C. 20004-2400.</p>  |                |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <p><b>FEE CALCULATION</b></p> <p>1. <b>BASIC FILING FEE</b> <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <table border="1"><thead><tr><th></th><th>Fee Paid</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>\$750.00</td></tr><tr><td>Design Filing Fee</td><td>\$</td></tr><tr><td>Plant Filing Fee</td><td>\$</td></tr><tr><td>Reissue Filing Fee</td><td>\$</td></tr><tr><td>Provisional Filing Fee</td><td>\$</td></tr></tbody></table>  |                |                         |       |  | Fee Paid     | Utility Filing Fee | \$750.00 | Design Filing Fee | \$       | Plant Filing Fee   | \$ | Reissue Filing Fee  | \$ | Provisional Filing Fee  | \$  |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
|   | Fee Paid       |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| Utility Filing Fee  | \$750.00       |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| Design Filing Fee   | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| Plant Filing Fee  | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| Reissue Filing Fee  | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| Provisional Filing Fee  | \$             |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <p>2. <b>EXTRA CLAIMS FEES</b></p> <table border="1"><thead><tr><th colspan="7">CLAIMS AS AMENDED</th></tr><tr><th rowspan="2">For</th><th rowspan="2">Number Present</th><th rowspan="2">Highest Number Paid For</th><th rowspan="2">Extra</th><th colspan="2">Rate</th><th rowspan="2">Amount</th></tr><tr><th>Large Entity</th><th>Small Entity</th></tr></thead><tbody><tr><td>TOTAL CLAIMS</td><td>27</td><td>20</td><td>7</td><td>x \$ 18.00</td><td>x \$ 9.00</td><td>\$126.00</td></tr><tr><td>INDEPENDENT CLAIMS</td><td>3</td><td>3</td><td>0</td><td>x \$ 84.00</td><td>x \$ 42.00</td><td>\$0.00</td></tr><tr><td colspan="4">MULTIPLE DEPENDENT CLAIMS</td><td>\$ 280.00</td><td>\$ 140.00</td><td>\$0.00</td></tr><tr><td colspan="6"><b>TOTAL EXTRA CLAIMS FEES</b></td><td>\$126.00</td></tr></tbody></table> |                |                         |       |  |              |                    |          | CLAIMS AS AMENDED |          |  |    |   |    |   | For | Number Present                            | Highest Number Paid For | Extra  | Rate |   | Amount | Large Entity  | Small Entity | TOTAL CLAIMS                              | 27 | 20                                       | 7  | x \$ 18.00   | x \$ 9.00 | \$126.00  | INDEPENDENT CLAIMS | 3   | 3  | 0  | x \$ 84.00 | x \$ 42.00  | \$0.00 | MULTIPLE DEPENDENT CLAIMS  |    |   |    | \$ 280.00   | \$ 140.00 | \$0.00   | <b>TOTAL EXTRA CLAIMS FEES</b> |  |  |  |  |  | \$126.00 |
| CLAIMS AS AMENDED   |                |                         |       |  |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| For   | Number Present | Highest Number Paid For | Extra | Rate   |              | Amount             |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
|   |                |                         |       | Large Entity   | Small Entity |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| TOTAL CLAIMS  | 27             | 20                      | 7     | x \$ 18.00   | x \$ 9.00    | \$126.00           |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| INDEPENDENT CLAIMS  | 3              | 3                       | 0     | x \$ 84.00   | x \$ 42.00   | \$0.00             |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| MULTIPLE DEPENDENT CLAIMS   |                |                         |       | \$ 280.00  | \$ 140.00    | \$0.00             |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| <b>TOTAL EXTRA CLAIMS FEES</b>  |                |                         |       |  |              | \$126.00           |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| SUBMITTED BY  |                |                         |       | Complete (if applicable)   |              |                    |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| Typed or Printed Name   |                | James B. Arpin          |       | Registration No.   |              | 33,470             |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
| Signature   |                | [Signature]             |       | Date   |              | 07/29/03           |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |
|   |                |                         |       | Deposit Account User ID  |              | 02-0375            |          |                   |          |  |    |   |    |   |     |   |                         |  |      |   |        |   |              |   |    |  |    |  |           |   |                    |   |    |  |            |   |        |  |    |   |    |   |           |  |                                |  |  |  |  |  |          |